



3736 / \$

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Crouch *et al.*

Application No.: 10/088,778

Filing Date: 7/2/02

Title: Evidence Collection Device

Group Art Unit/Examiner: 3736/Jonathan Foreman

Confirmation No.: 9526

Attorney Docket No.: ARD106USA

**REPLY**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This reply is responsive to the Office Action dated 02/08/2005 (Paper No. \_\_\_\_).

Please amend this application as set forth in the following section(s):

**CERTIFICATE OF MAILING (IF APPLICABLE)**

Date of Deposit: 6/8/05. I hereby certify that this paper/fee is being deposited with the United States Postal Service as First Class Mail-Postage Prepaid, under 37 CFR 1.8, on the date indicated above, and is addressed to the Assistant Commissioner For Patents, Washington, D.C. 20231

Jessica Raska  
Name

Jessica Raska  
Signature

Respectfully submitted,



Date:

6-8-05

Joel D. Skinner, Jr.  
Reg. No. 33,786

Skinner and Associates  
212 Commercial Street  
Hudson, Wisconsin 54016  
Tel.: (715) 386-5800  
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cc: Richard Bailey, Esq. (For Records)

**REQUEST FOR EXTENSION OF TIME**

Pursuant to 37 C.F.R. 1.136(a), Applicant(s) requests that a 1 month extension be granted in which to file the attached communication from the applicant(s).

A \$ 60 payment, for a ☒ small ☐ large entity, is enclosed for the fee required under 37 CFR 1.17.

Please charge any additional or underpayment in fee due, or credit any overpayment, to Deposit Account No. 19-2381.

Respectfully submitted,



Date:

6-8-05

Joel D. Skinner, Jr.  
Reg. No. 33,786

Final OA Reply.doc

7/15/2005 HTECLU1 00000004 10088778

FC:2251

60.00 DP

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/088778

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 12	Minus ** 20	= —
Independent	* 5	Minus *** 4	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	100
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.